

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1				
4		2				
5	1		1			
6		1		2		
7	1		1			
8		1				
9		2				
10		1		2		
11		1		2		
12		1		2		
13		1				
14		1		2		
15		1		2		
16		1		2		
17		1		2		
18		1		2		
19		1		1		
20		1				
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39		1				
40	1		1			
41		1				
42	1		1			
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50						
TOTAL IND.		6				
TOTAL DEP.		16				
TOTAL CLAIMS		52				

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS